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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicant: R. Brown
Serial Number: 10/807,820
Filing Date: 03/24/2004
Title: LINEAR-TRACKING WINDSHIELD WIPER SYSTEM
FOR WIPING A RECTANGULAR FIELD
Examiner: G. Graham, Art Unit 1744
Attorney Docket No.: RB-0110

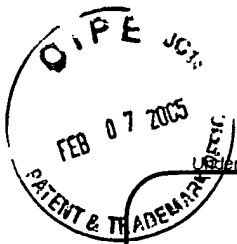
TO THE HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
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INTRODUCTORY COMMENTS

This is in response to an Office Action dated 12/23/2004 and replaces a previous response submitted on 01/03/2005 wherein the non-elected claims were shown as "withdrawn" rather than "cancelled". Applicant wishes to cancel Claims 1-11 previously shown as withdrawn in order to avoid payment of a \$100 fee pursuant to Fee Code 2201, "Independent claims in excess of three." This action leaves three independent claims in the application: Claims 12, 20, and 21.

Listing of Claims 1 through 31 begins on page 2.

Remarks begin on page 8.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/807,820	
	Filing Date	03/24/2004	
	First Named Inventor	Brown	
	Art Unit	1744	
	Examiner Name	Graham	
Total Number of Pages in This Submission	8	Attorney Docket Number	RB-0110

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Robert C. Brown		
Signature	<i>Robert C. Brown</i>		
Printed name	Robert C. Brown		
Date	02/02/2005	Reg. No.	37,057

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Signature	<i>Robert C. Brown</i>	
Typed or printed name	Robert C. Brown	Date 02/02/2005

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